

## Table of Key Legal Provisions Implicating EPT Among All States (and Select Other Jurisdictions)

No information is currently available about the legal status of expedited partner therapy in American Samoa, Guam, Commonwealth of the Northern Mariana Islands, Republic of Palau, Marshall Islands, Federal States of Micronesia or Virgin Islands.

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Alabama	<p>(-) Generally, providing a prescription to patient without examination is considered misconduct. EPT is not listed among exceptions. <a href="#">Ala. Admin. Code r. 540-X-9-.11.</a></p> <p>(-) Nurses and physician assistants may not prescribe for non-patients of supervising physician. <a href="#">Ala. Admin. Code rr. 610-X-5-.11, .22.</a></p>		<p>(+) A registered nurse in the employment of the State Health Department or a county health department may, in the provision of health care services, dispense legend drugs as provided in this section under the standing orders or direct supervision of a physician licensed to practice medicine in this state and pursuant to procedures established by the Board of Pharmacy and implemented by a pharmacist licensed to practice pharmacy in this state. The nurse may dispense the legend drugs for the treatment of . . . sexually transmitted diseases, . . . if approved by the State Board of Pharmacy.</p> <p><a href="#">[Link to Pharmacy Board]</a></p>		<p>(+) "The State Committee of Public Health designates that the treatment of STDs shall be those accepted by the State Health Officer and consistent with recognized medical and epidemiologic information." <a href="#">Ala. Code § 420-4-1-.05.</a></p>	<p>(+) Patient identifying information is not required on prescription labels. <a href="#">Ala. Admin. Code r. 680-X-2-.13.</a></p>	<p><b>~ EPT is possible.</b></p> <p>Under <i>general</i> circumstances, a physician must conduct a physical exam prior to prescribing a medication. The administrative opinion provides that under some circumstances, a physician may delegate the authority to dispense drugs to a nurse (and perhaps others as well, such as the patient). When coupled with authority of the State Comm. of Public Health to recommend EPT as consistent with recognized medical and epidemiological evidence, EPT is</p>

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							possible.
Alaska	(-) Unprofessional conduct includes "prescribing medications based solely on a patient-supplied history that a physician licensed in this state received by telephone, facsimile, or electronic format." <a href="#">Alaska Admin. Code tit. 12 § 40.967 (27).</a>				(+) Public health department may establish standards for the prevention, control, or amelioration of conditions of public health importance. <a href="#">Alaska Stat. § 18.15.355.</a> Incorporates: APHA CCD Manual 16 <sup>th</sup> Edition, 1995 (as revised) <a href="#">Alaska Admin. Code tit. 7, § 27.010.</a>	(-) Information required for pharmacists to fill prescription includes name, address of patient unless address readily available in patient record. <a href="#">Alaska Admin. Code tit. 12 § 52.460.</a>  (-) Labels for prescriptions dispensed by Advanced Nurse Practitioners must include patient name and may include patient id # (if applicable). <a href="#">Alaska Admin. Code tit. 12 § 44.447.</a>	<b>~ EPT is possible.</b>  Statutory language concerning unprofessional conduct applies mostly to "telemedicine" examples. If current edition of the APHA manual recommends EPT, it could become incorporated by reference. Alternatively, the public health department could adopt EPT as a standard for treatment of Chlamydia and gonorrhea.
Arizona	(-) Unprofessional conduct includes "Prescribing, dispensing or furnishing a prescription medication to a person unless the licensee first conducts a physical examination of that person or has previously established					(-) Drugs dispensed by physicians must bear patient's name. <a href="#">Ariz. Rev. Stat. § 32-1491.</a>	<b>✗ EPT is likely prohibited.</b>  Express statutory language provides that a physical examination be performed prior to giving prescriptions. The only exceptions involve exigent or emergency

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	a doctor-patient relationship. This subdivision does not apply to: (iv) Prescriptions written or prescription medications issued for use by a county or tribal public health department for immunization programs, emergency treatment, in response to an infectious disease investigation, public health emergency, infectious disease outbreak or act of bioterrorism.” <a href="#">Ariz. Rev. Stat. Ann. § 32-1401 (27)(ss)</a>						circumstances, but not the standard use of EPT in non-exigent circumstances.
Arkansas	(-) “A physician exhibits gross negligence if he provides...any form of treatment, including prescribing legend drugs, without first establishing a proper physician/patient relationship.” 060-00-001 <a href="#">Ark. Code State Medical Board Regulation No. 2(8)</a>				(+) The current edition of APHA's "Control of Communicable Disease in Man" is accepted for applying general control measures for communicable diseases. <a href="#">Ark. Reg. .007-15-02-001</a>	(-) Pharmacist filling a prescription for dispensing to an ultimate patient may affix label showing patient's name on container, but not required. <a href="#">Ark. Code Ann. § 17-92-505.</a>	<b>✗ EPT is likely prohibited.</b>  Statutory language indicates that prescriptions be granted pursuant to a physician-patient relationship which is consistent with the pharmacist's duty to ensure that prescriptions are dispensed to an

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					<a href="#">promulgated under the authority of Ark. Code Ann. §§ 20-7-101 et seq.</a>		ultimate user.
<b>California</b>	<p>(+) EPT authorized for Chlamydia. May be conducted by physicians, nurse practitioners, certified nurse midwives and physicians assistants. <a href="#">Cal. Health &amp; Safety Code § 120582</a>.</p> <p>(-) EPT not allowed for all diseases or conditions except Chlamydia. <a href="#">Cal. Bus. &amp; Prof. Code §§ 2242(4), 4170</a>.</p>	<p>(-) Suspension of physician's license upheld because the Board conclusively established (among other charges) that physician prescribed to persons who were not his patients. <a href="#">Leslie v. Bd. of Medical Quality Assurance</a>, 234 Cal. App. 3d 117</p>		<p><a href="#">AB 2280</a> allows medical providers to offer patient-delivered therapy to partners of individuals diagnosed with gonorrhea or other STDs. (introduced June 21, 2006).</p>		<p>(-) Prescription label must bear patient's name. <a href="#">Cal. Bus. &amp; Prof. Code § 4076</a>.</p>	<p>✓ EPT is permissible.</p> <p>Statutory authority expressly authorizes EPT for the treatment of chlamydia.</p>
<b>Colorado</b>	<p>(-) The only person who can treat or prescribe drugs for a venereal disease is a licensed physician, and no prescription shall be given unless the name, address, and occupation of the patient are known.</p>		<p>(+) It is the position of the Colorado Board of Medical Examiners that the public risk of untreated sexually transmitted infection is greater than the risk of complications from prescribing in this less than ideal setting. Colorado Medical Board of Examiners Policy Number: 40-10</p>			<p>(-) Prescription label must include the name of the patient. <a href="#">Colo. Rev. Stat. § 12-22-123(2)</a>.</p>	<p>✓ EPT is permissible.</p> <p>Unlike other jurisdictions, the issuance of a prescription does not require an advance physical examination of each patient. The</p>

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	<a href="#">Colo. Rev. Stat. § 25-4-403.</a>		“Appropriateness of Treating Partners of Patients with Sexually Transmitted Infection” states, “There is compelling need for the partner to receive treatment in the form of prescription medications. Treating partners of patients with sexually transmitted infections is generally considered acceptable and desirable if the partner will not seek treatment from his or her primary healthcare provider.” <a href="#">[Link to Medical Advisory Bd. Opinion]</a>				Medical Board has expressly supported EPT and deems it an acceptable practice.
Connecticut	(-) Drugs dispensed by a prescribing practitioner shall be personally dispensed by the practitioner. Dispensing such drugs shall not be delegated except” to someone licensed to do so “under the supervision of the prescribing practitioner.” <a href="#">Conn. Gen. Stat. § 20-14e(c).</a>					(-) Prescription labels for drugs <i>dispensed</i> by physician must bear patient's full name. <a href="#">Conn. Gen. Stat. § 20-14e(c).</a>	<b>~ EPT is possible.</b>  Statutory authority does not preclude a physician from prescribing drugs for patient's partner. Rather, the existing statute limits dispensation to the patient (through whom, for purposes of EPT, the drug is administered to the partner).
Delaware						(-) Patient's full name required on prescription label	<b>~ EPT is possible.</b>

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						<p>regarding any prescription drug "for the use of a patient <i>or other third party</i>...." <a href="#">Del. Code Ann. tit. 24 § 2536(b)(3)</a> (noting that no third-party information is required on the label).</p> <p>(+) Pursuant to a valid prescription, a pharmacist is allowed to dispense a drug "for subsequent administration or use by a patient <i>or other individual</i> entitled to receive the prescription." <a href="#">Del Code Ann. tit. 24, Chapt. 25 § 2502(c)</a>.</p>	Statutory authority does not preclude EPT. Prescriptions may be issued for the use of a third party other than the patient. Furthermore, partner information is not required on the prescription label.
District of Columbia			(-) District of Columbia Board of Medicine disciplinary order issued 7/31/2003: fined physician \$2000 for prescribing without seeing the patient. <a href="#">[Link to Medical Board Newsletter]</a>		(-) Regulations incorporate by reference APHA's CCD Manual, Ninth Ed., 1960. Meeting requirements of the 1960 CCD manual is prima facie evidence of good medical or public health practice. D.C. Mun. Reg. tit. 22 § 202.8.	<p>(-) Label for prescription drug must bear patient's name. D.C. Mun. Reg. tit. 22 § 1913.1.</p> <p>(-) Pharmacists must keep record of patient name and address for every prescription filled. D.C. Mun. Reg. tit. 22 § 1914.1.</p>	<p>~ EPT is possible</p> <p>Incorporation by reference of APHA CCD Manual may authorize the use of EPT provided the jurisdiction recognizes current edition of the manual and the manual reflects existing CDC STD Treatment Guidelines.</p>
Florida	(-) The health dept or					(-) The name of the patient	✗ EPT is likely

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	<p>its authorized representatives may examine or cause to be examined anyone suspected of having an STD, and if found to have the disease, that person shall be treated. <a href="#">Fla. Stat. Ann. § 384.27</a>.</p> <p>(-) Physicians and physician assistants barred from practicing telemedicine, which includes prescribing drugs or treatment based solely upon electronic communication. Prior examination and diagnostic evaluation required. <a href="#">Fla. Admin. Code Ann. r. 64B8-9.014</a>.</p>					<p>for whom the drug was ordered must be on the label affixed to the container. <a href="#">Fla. Stat. Ann. § 465.186</a>.</p> <p>(-) Pharmacist prohibited from dispensing prescription if there is reason to believe the prescription is not supported by physician-patient relationship or prior evaluation. <a href="#">Fla. Stat. Ann. § 465.023</a>.</p> <p>(-) Florida pharmacy rules provide that “(1) Prescribing medications based solely on an electronic medical questionnaire constitutes the failure to practice medicine with that level of care, skill, and treatment which is recognized by reasonably prudent physicians as being acceptable under similar conditions and circumstances, as well as prescribing legend drugs other than in the course of a physician’s professional practice,” and prohibit prescriptions absent “(2)(a) a documented patient evaluation, including history and physical examination to</p>	<p><b>prohibited.</b></p> <p>Individuals with STDs must undergo a physical exam prior to receiving treatment. Pharmacists are precluded from dispensing a drug to any individual who may receive the drug who has not received a physical examination.</p>

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						establish the diagnosis for which any legend drug is prescribed.” <a href="#">Florida Admin. Code Chapt. 64B8-9.014</a>	
Georgia	(-) Dispense means “to issue... for subsequent administration to, or use by, a patient.” <a href="#">Ga. Code Ann. § 43-34-26.1(a)(3.1)</a>					(-) Prescriptions transmitted electronically or by fax must bear patient's name and address. Out-patient prescription drug labels must include the patient's name – <a href="#">Ga. Code Ann. § 26-4-80</a> .	<b>~ EPT is possible.</b>  Dispensation to, or use by, a patient does not expressly preclude subsequent provision of drugs to a partner. There is no statutory requirement that a physician conduct a physical examination prior to dispensing a drug for use by a partner.
Hawaii	(-) “A prescription drug shall be dispensed only by a practitioner to an ultimate user...” <a href="#">Haw. Rev. Stat. § 328-16(b)(3)</a>  (+) The director of health may “remove drugs subject to §§ 328-15.4 and 328 17 from the requirements of subsections [a-d] when such requirements are not					(-) Prescription order must bear name and address of the person for whom the drug is prescribed, i.e. the “ultimate user.” <a href="#">Haw. Rev. Stat. § 328-16(b)(3)(B)(iv)</a> .	<b>~ EPT is possible.</b>  The director of health is authorized to waive prescription requirements that may otherwise preclude EPT to protect the public's health. Nothing suggests that this waiver be granted only for exigencies.



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	necessary for the protection of the public health." <a href="#">Haw. Rev. Stat. § 328-16(h)</a> (§ 328-15.4 concerns habit-forming drugs for use by a person ; § 328-17 concerns new drugs).						
<b>Idaho</b>			(-) The Attorney General addressed the role of a non-physician (a correctional officer) to dispense prescriptions to a third-party (inmates). The AG concluded that this is not permissible because (1) dispensing of prescriptions requires specialized judgment, (2) an <i>in loco parentis</i> argument does not override the medical training required to administer drugs, and (3) only medical attendants may be delegated the task, as non-licensed practitioners, to dispense prescription medicines directly to a third-party. 1977 Op. Att'y Gen. Idaho 289.			(-) Supplying drugs to unqualified persons constitutes unprofessional conduct. <a href="#">IDAPA 27.01.01 § 184 (08)</a>  (-) Prescription label must bear patient's name. <a href="#">IDAPA 27.01.00 § 159</a>	<b>~ EPT is possible.</b>  Although only authorized health care practitioners may dispense prescriptions, there is no statutory language that precludes EPT or requires a physical examination prior to issuing a prescription.
<b>Illinois</b>	(-) Concerning physical examination and medical treatment for syphilis, gonorrhea, or chlamydia, if an		(-) The Attorney General addressed whether non-licensed healthcare practitioners (nursing aids, orderlies, attendants) could dispense medications to			(-) Prescription label must bear patient's name. <a href="#">225 Ill. Comp. Stat. 60/33</a> ; <a href="#">225 Ill. Comp. Stat. 85/3</a> (e).  (-) To sell or dispense a	<b>✗ EPT is likely prohibited.</b>  Statutory law expressly requires a physical examination

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	examination has not taken place, public health authorities shall request individuals to report for examination and complete treatment pursuant to the examination results. <a href="#">Ill. Admin. Code tit. 77, § 693.50(a)(3).</a>		patients. The AG concluded that only licensed practitioners (physicians or nurses) could administer medications. 1976 Op. Att'y Gen. Ill. 62			prescription drug without a prescription is prohibited. <a href="#">410 ILCS 620/3.21</a>  (-) A drug may only be dispensed to the patient or the patient's representative authorized to receive it. <a href="#">225 ILCS 85/3(m)</a>	of patients seeking treatment of STDs (which likely includes prescription medications).
Indiana	(-) A physician "shall not prescribe, dispense, or otherwise provide, or cause to be provided, any legend drug that is not a controlled substance to a person who the physician has never personally physically examined and diagnosed unless the physician is providing care in consultation with another physician who has an ongoing relationship with the patient, and who has agreed to supervise the patient's use of the drug or drugs to be provided."				(+) For Chlamydia and gonorrhea, treatment guidelines incorporated: MMWR 1998 STD Treatment Guidelines, January 23, 1998, Volume 47/RR1. <a href="#">410 Ind. Admin. Code 1-2.3-59, 1-2.3-67.</a>	(+) Prescription label need not bear patient's name unless the patient's name is stated in the prescription. <a href="#">Ind. Code § 16-42-3-6(e)(3).</a>	<b>~ EPT is possible.</b>  The incorporation of CDC's STD Treatment Guidelines may provide a narrow exception to the statutory requirement of a physical examination prior to prescribing drugs.

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	<a href="#">844 IAC 5-4-1(b)</a>						
Iowa	<p>(-) Local board shall cause an examination of any person suspected of having an STD, and if found to have one, that person shall be subjected to treatment. <a href="#">Iowa Code Ann. § 139A.34</a>.</p> <p>(+) "This chapter does not prevent a practitioner from delegating the administration of a prescription drug to a nurse, intern or other qualified individual... under the practitioner's direction and supervision." <a href="#">Iowa Code § 155A.4(2)(c)</a></p>		<p>(-) The Attorney General reviewed Iowa Code § 155.30, which provides that "Any person who sells or offers for sale, gives away or administers to another person any prescription drug shall be deemed guilty of...a public offense," but this shall not preclude "a licensed practitioner of medicine, dentistry, nursing...from such acts necessary in the ethical and legal performance of his profession." 1977-78 Op. Att'y Gen. Iowa 889. A court found this provision vague and unworkable as applied to these practitioners. <i>State v Webb</i>, 156 N.W. 2d 299. The AG ultimately opined that the legislative intent of the statute ensures that unlicensed individuals cannot administer prescription drugs without a prescription. 156 N.W. 2d at 301.</p> <p>(+) The AG addressed whether a physician had to be present while his or her agent (e.g., pharmacist) administered a prescription drug. The AG concluded "that</p>		<p>(+) Local boards of health can make and enforce such necessary laws not inconsistent with the law or with the rules of the state board. <a href="#">Iowa Code Ann. § 137.6</a>.</p>		<p><b>~ EPT is possible.</b></p> <p>Statutory law allows a physician to delegate the administration of a prescription drug to a patient provided that the patient is considered a qualified individual..</p>

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			supervision of an agent who is administering a prescription drug under the Iowa Pharmacy Practice Act does not necessarily require the physical presence of a physician. 2000 Iowa AG LEXIS 44.' While the AG concluded that its opinion was consistent with proposed rules proffered by the Iowa Board of Pharmacy Examiners and the Board of Medical Examiners, it also noted that it is not attempting to determine who is medically qualified to administer prescription drugs or what constitutes adequate supervision among health care professionals.				
Kansas			(+) There is no statutory requirement that patients be examined by a physician prior to being given a prescription at a non-profit clinic. However, the need for a physical examination depends on the facts and standards of competent medical practice. XVI Kan. Op. Att'y Gen. 60, No. 82-162 (1982).			(-) A dispensing physician shall clearly label each drug dispensed. The label shall be typed or machine printed and shall include the following: (b) The full name of the patient. <a href="#">K.A.R. 100-21-2.</a>  (-) Except for specified statutory exceptions, the sale or transfer (actual, constructive or attempted) of a drug from one person to another must occur within a	<b>~ EPT is possible.</b>  Although physicians may prescribe drugs without conducting a physical exam, a pharmacist may only dispense drugs to an ultimate user (which may not include partners of patients).

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						registered pharmacy by a registered pharmacist or by a person acting under the pharmacist's supervision. One exception pertains to the transfer of a drug by "dispensing" the drug. "Dispense" means "to deliver prescription medication to the ultimate user . . . by or pursuant to the lawful order of a practitioner." <a href="#">K.S.A. 65-1626(g)</a> .	
Kentucky	(-) Any person infected, or reasonably suspected of being infected, with an STD shall undergo such medical examination as is necessary to determine the existence or nonexistence of diagnosis, and if found to be infected, shall submit to treatment. <a href="#">902 Ky. Admin. Regs. 2:080</a> .		(-) ...if a nurse or other person is dispensing any sort of prescription drug without the immediate supervision of a pharmacist or physician then they would be in direct violation of the prohibitions against such activity. <a href="#">KRS 315.020(1)(2)</a> 1978 Ky. AG LEXIS 286 (OAG 78-450)			(+) Label not required to have patient name. <a href="#">KRS 217.015 (26)</a> ; <i>see also</i> <a href="#">KRS 217.065 (2)</a> , <a href="#">217.065 (6)</a> , and <a href="#">217.065 (11)(b)</a> .  (-) Under the Food, Drug, and Cosmetic Act, "dispense" means to "deliver a drug...to an ultimate user...by or pursuant to the lawful order of a practitioner...." <a href="#">KRS 217.015(9)</a> ;  (+) Occupations and Professions Code on Pharmacists, which defines "dispense" as delivering a drug "to or use by a patient or other individual entitled to receive the prescription drug." <a href="#">KRS 315.010</a>	<b>✗ EPT is likely prohibited.</b>  Physicians are precluded from prescribing drugs for an STD without conducting a physical exam. Physicians may not delegate their authority to dispense drugs to any other person. Pharmacists must ensure that all drugs are dispensed to an ultimate user (which may not include partners of the patient).

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						(-) Pharmacists must create and maintain patient information, including name address, age, list of all prescriptions from the last 12 months, etc., and give counseling to the patient to optimize drug therapy, as appropriate. <a href="#">201 KAR 2:210</a> ; <i>see also</i> KRS 315.191(1), (5), (6), 42 C.F.R. Part 456	
<b>Louisiana</b>	(-) "A prescription issued...in the absence of a documented patient evaluation including a physical examination, is issued outside the context of a valid physician-patient relationship, and is not a valid prescription." <a href="#">LA Admin Code Tit. 46 Part LIII Chapt 25 Subchapt A § 2515</a>		(-) "It is the position of the Louisiana State Board of Medical Examiners that: (i) it is in contravention of the Louisiana Medical Practice Act for a physician to prescribe medication, treatment or a plan of care generally if the physician has not established a physician patient relationship." <a href="#">[Link to Medical Board Opinion]</a>			(-) Prescription label must bear patient's name. <a href="#">La. Rev. Stat. Ann. § 1702</a> ; <i>see also</i> <a href="#">Tit. 46 Part LIII Chapt 25 Subchapt A § 2527</a>	<b>✖ EPT is likely prohibited.</b>  Via statutory law, a prescription may only be issued pursuant to a valid physician-patient relationship which requires a physical exam. The state medical board has adopted a policy that prohibits prescribing drugs to anyone without establishing a physician-patient relationship.
<b>Maine</b>			(-) It is the policy of the Board of Licensure in Medicine that prescribing, dispensing or furnishing a		(+) Incorporates by reference treatment as stated in CDC	(-) Prescription label must bear patient's name. <a href="#">Me. Rev. Stat. Ann. tit. 32, § 13794</a> .	<b>~ EPT is possible.</b>  Lacking statutory guidance, the

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			<p>prescription medication or device to a person who is not an established patient and whom the physician has not personally examined may be unprofessional conduct subject to disciplinary action pursuant to 32 MRSA, §3282-A, 2, (f). This rule does not apply to admission orders for a newly hospitalized patient, prescribing for a patient of another physician for whom the prescriber is providing coverage, or continuing medication on a short-term basis prior to a new patient's first appointment.</p> <p><a href="#">[Link to Medical Board Opinion]</a></p>		<p>recommendations for notifiable conditions.</p> <p>(+) Incorporates by reference prescribed care as set forth in APHA CCD Manual, 17th edition (2000), unless specified otherwise by the State Epidemiologist. <a href="#">10-144 Me. Code R. Ch. 258, § 5.</a></p> <p>(+) "The health department may establish procedures for agents of the department to use in the . . . treatment of individuals having or reasonably believed to have a communicable disease." <a href="#">Me. Rev. Stat. Ann. tit. 22, § 807.</a></p>	<p>(-) Prescription drug orders shall contain, at a minimum, Name and Address of the Patient. <a href="#">02-392 CMR Part 4, Ch. 19, p. 72.</a></p>	<p>medical board opines that failure to conduct a physical exam "may" constitute unprofessional conduct. The state, however, has incorporated by reference CDC's guidelines for notifiable conditions and APHA's CCD Manual, each of which may suggest the use of EPT.</p>
Maryland	(-) Physician may		(-) A physician who		(+) The	(+) Prescription need not bear	~ EPT is possible.

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	<p>only <i>dispense</i> prescription drug to physician's patient, unless prescription is a starter dose, sample, or at non-profit or public health clinic. <a href="#">Md. Code Ann., Health-Occ. § 12-102</a>. Note, the above provision does not apply to providing a prescription order to a patient.</p> <p>(-) Per Maryland Code of Regulations: Board of Physicians: A licensee shall dispense prescription drugs only to the patients of the licensee, and dispense drugs to a patient only when a pharmacy is not conveniently available to the patient. <a href="http://www.dsd.state.md.us/comar/10/10.13.01.04.htm">http://www.dsd.state.md.us/comar/10/10.13.01.04.htm</a></p>		<p>prescribes naloxone—a non-controlled substance—to a patient to give to another heroin user in the event of an overdose would be subject to criminal prosecution and disciplinary action for aiding unauthorized practice of medicine and for violating applicable laws. 88 Op. Att'y Gen. Md. 03-009 (2003).</p> <p>(-) No single State law specifies the contents of a valid prescription. However, the necessary elements of a prescription may be inferred from statutes that govern the dispensing and labeling of prescription drugs. Generally, a prescription will include the identity of the patient.... See Annotated Code of Maryland, Health Occupations Article, <a href="#">§ 12-504</a> (circumstances under which pharmacist may substitute generically equivalent drug of "same dosage form and strength" for specified brand name drug); Health- General Article <a href="#">§ 21-221(a)</a> ("if stated in the prescription," a dispensed drug must be labeled with the name of the patient, any</p>		<p>secretary or health officer shall take any action necessary to prevent the spread of a communicable disease and shall issue special instructions, when necessary, for the control of a disease or condition. <a href="#">Code of Maryland Regulations § 10.06.01.06</a>.</p> <p>(+) Regulations incorporate by reference: APHA CCD Manual, 17th Edition, 2000, except where such recommendations conflict with health regulations. <a href="#">Code of Maryland Regulations §§ 10.06.01.01-1, 10.06.01.07</a>.</p>	<p>patient's name. However if name is provided on prescription, label must bear the name of the patient. <a href="#">Md. Code Ann., Health-Gen. § 21-221</a>.</p>	<p>Statutory law does not preclude the administration of prescription drugs to a patient for use by partners. The medical and pharmacy boards are reluctant to support prescriptions issued outside of a bona fide physician patient relationship. The MDHMH Secretary or health officer may take actions necessary to prevent the spread of a communicable disease (which is not limited to exigencies). As well, APHA's CCD Manual is incorporated by reference. circumstances.</p>



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			<p>directions for use, and any cautionary statements); 01 Op. Att'y Gen. Md. 01-026 (2001).</p> <p>(-) The Maryland Board of Physician Quality Assurance expressed concern about internet prescribing. It questioned the existence of a bona fide doctor/patient relationship when a person, previously unknown to the physician, provides subjective answers to questions via an online questionnaire and the physician provides prescriptions medications.  <a href="#">[Link to Pharmacy Board Newsletter]</a></p> <p>(-) The Maryland Board of Physicians suspended the license of a physician pursuant to a Consent Order of the North Carolina Board sanctioning the physician for authorizing prescriptions without a physical examination and without any prior physician-patient relationship.  <a href="#">[Listing of Medical Board sanctions]</a></p>				
Massachu-			(-) In 2003, the Board of	Bill introduced		(-) Dispensing means "the	~ EPT is possible.

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setts			<p>Registration in Medicine issued a policy on internet prescriptions, providing that "to satisfy the requirement that a prescription be issued by a practitioner in the usual course of his professional practice, there must be a physician-patient relationship that is for the purpose of maintaining the patient's well-being and the physician must conform to certain minimum norms and standards for the care of patients, such as taking an adequate medical history and conducting an appropriate physical and/or mental status examination and recording the results." It concluded that issuance of a prescription "by any means, including the internet,...that does not meet these requirements is therefore unlawful." Note that the Board did not clarify, in citing a statutory provision on prescriptions for controlled substances, whether its position on issuing prescriptions without an exam also applies to the issuance of non-controlled substances.</p> <p><a href="#">[Link to Massachusetts Board Opinion]</a></p>	<p>to legalize EPT for Chlamydia. Status: introduced (not passed). S.B. 650 183rd Sess. (Ma. 2003).</p>		<p>physical act of delivery a drug...to an ultimate user." <a href="#">247 CMR 2.00</a></p>	<p>Statutory law does not preclude EPT, although the medical board requires that a physician conduct an appropriate physical exam and establish a physician patient relationship prior to issuing prescriptions. The 2003 introduction of a bill to legalize EPT for the treatment of chlamydia suggests support for the practice of EPT.</p>

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Michigan	(-) Prescribing practitioner can only <i>dispense</i> prescription drugs to the practitioner's own patients. <a href="#">Mich. Comp. Laws Ann. § 333.17745</a> . Note, the above provision does not apply to providing a prescription order to a patient.					(-) Prescription cannot be dispensed unless patient's name and record number are on the prescription label. <a href="#">Mich. Comp. Laws Ann. § 333.17745</a> ; <i>see also</i> Pharmacy Board rule R 338.479.  (-) Pharmacist must provide purchaser of prescription drug a receipt which includes patient name. <a href="#">§ 333.17757</a> .  (-) Pharmacist may not dispense prescription drugs unless s/he determines that the prescription is pursuant to an existing physician/patient relationship. <a href="#">Mich. Comp. Laws Ann. § 333.17751</a> . (-) A prescriber who issues a written prescription for a noncontrolled legend drug . . . shall ensure that the prescription contains...(a) The full name of the patient for whom the drug is being prescribed...." <a href="#">Mich. Admin. Code R 338.479(b)</a>	<b>✗ EPT is likely prohibited.</b>  Statutory law requires that drugs be dispensed to a physician's <i>own</i> patients, narrowing the class of legitimate recipients to individuals who have expressly established a physician patient relationship. Pharmacists must ensure that all prescriptions are dispensed pursuant to a valid physician patient relationship.
Minnesota	(+) A RN, physician assistant, or medical student may implement protocol that does not reference					(-) Prescription must include name of patient. <a href="#">Minn. Stat. § 151.01</a> .	<b>✓ EPT is permissible.</b>  Statutory allowance of the development

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	a specific patient and results in a prescription of a legend drug that has been predetermined and delegated by a licensed practitioner, when (1) patient's condition falls within the protocol and (2) the protocol specifies the circumstances under which the drug is to be prescribed or administered. <a href="#">Minn. Stat. Ann. §§ 148.235, 151.37.</a>						of protocols in physicians' offices or healthcare settings governing the issuance of prescriptions may allow for EPT within the discretion of the prescribing authority.
Mississippi						(+) Prescription label need not bear patient's name. <a href="#">Miss. Code Ann. § 73-21-119.</a>  (-) Prescriptions can only be dispensed by a pharmacist "for a patient." <a href="#">Miss. Code Ann. § 73-21-73 (cc)</a>	✓ EPT is permissible.  Dispensation of a drug "for a patient" does not preclude EPT absent express language otherwise.
Missouri	(-) "Physicians may dispense only to individuals with whom they have established a physician/ patient relationship." <a href="#">4 CSR 150-5.020(5)</a>				(+) Regulations incorporate: (1) APHA CCD Manual, 15 <sup>th</sup> edition, 1990; (2) AAP's Report of Comm'ee on Infectious Diseases, 22nd	(-) Prescription label must bear patient's name. <a href="#">Mo. Ann. Stat. § 338.059</a> ; see also <a href="#">4 CSR 150-5.020(4)(b)</a>	~ EPT is possible.  Dispensation of drugs pursuant to a valid physician patient relationship does not alone preclude EPT. Incorporation by

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					edition, 1991; and (3) CDC's MMWR General Recommendation s on Immunization, April 7, 1989. <a href="#">Mo. Code Regs. Ann. tit. 19, § 20-20.040.</a>		reference of APHA's CCD Manual, the AAP Report on Infectious Diseases, and the CDC Rec's on Immunization may allow EPT for specific STDs.
Montana					(+) Public health department regulations incorporate by reference CDC guidelines from MMWR: STD Treatment Guidelines, vol. 47, 1998. <a href="#">Mont. Admin. R. 37.114.515</a> (chlamydia); <a href="#">37.114.530</a> (gonorrhea).	(-) Prescription must bear patient's name and address. <a href="#">Mont. Code Ann. § 37-7-101.</a>	<b>~ EPT is possible.</b>  Incorporation by reference of CDC's STD Treatment Guidelines suggest EPT is possible provided the state automatically recognizes the most current version of CDC's guidelines.
Nebraska	(-) Prophylactic treatment for STDs allowed after diagnostic evaluation of STD when the person either has an STD or is suspected of having contact with someone with an STD. <a href="#">Neb. Rev. Stat. § 71-</a>				(+) Regulations incorporate by reference: (1) APHA's CCD Manual (latest edition); (2) CDC disease-specific recommendations via MMWR	(+) Prescription label need not bear the patient's name. <a href="#">Neb. Rev. Stat. § 71-5404.</a>	<b>~ EPT is possible.</b>  A diagnostic evaluation that does not mandate a physical examination, along with the incorporation of CDC disease-

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	<a href="#">504.</a>				(latest edition). <a href="#">173 Neb. Admin. Code Ch. 1, § 006</a>		specific recommendations, may allow EPT for the treatment of specific STDs.
Nevada					(+) Regulations incorporate by reference: (1) APHA's CCD Manual; (2) AAP's "1997 Red Book; (3) CDC STD Treatment Guidelines as of Sept. 1, 1989. Any revision to the above guidelines is effective 10 days after its revision unless the state health officer files an objection with the state board of health. <a href="#">Nev. Admin. Code § 441A.200</a>  CDC STD Treatment Guidelines heralded as the "standard of	(-) Requires patient name on label of prescription. <a href="#">NRS 639.2353(2)(d)</a>	<b>✓ EPT is permissible.</b>  The automatic recognition of the most current version of CDC's STD Treatment Guidelines as the appropriate standard of care for the treatment of STDs. Administrative regulations mandate adherence to the CDC STD Treatment Guidelines for the treatment of chlamydia and gonorrhea. Coupled with the stated policy of the NV Health Department STD Program to use CDC guidelines as standard of care suggests EPT is permissible.

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					care" for the treatment of STDs in Nevada. <a href="#">[Link to Health Department STD Program policy]</a>  (+) All health care providers must follow Chlamydia and gonorrhea treatment guidelines in STD Treatment Guidelines, MMWR, 1989. Nev. Admin. Code §§ <a href="#">441A.490</a> , <a href="#">441A.540</a> .		
New Hampshire			(-) The New Hampshire State Board of Medicine adopted guidelines regarding prescribing of medications for patients unknown to the physician. The Board found that "there must be an appropriate relationship between the patient and the physician before a prescription is written and dispensed." It concluded that "prescribing drugs to individuals the physician has			(-) Patient's name required on prescription. <a href="#">N.H. Rev. Stat. Ann. § 318:47-a</a> .	<b>~ EPT is possible.</b>  While the medical board generally recommends the establishment of a physician patient relationship prior to the prescribing of medications, a lack of statutory support suggests that EPT may be possible.

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			never met...is inappropriate and unprofessional." <a href="#">[Link to Medical Board Guidelines]</a>				
New Jersey	<p>(+) The state department of health may provide antibiotics and other appropriate drugs for the treatment and prevention of STDs. <a href="#">N.J. Stat. Ann. § 26:4-47.</a></p> <p>(-) A prescription means a lawful order of a practitioner for a drug, a device or diagnostic agent for a <i>specific patient</i>. <a href="#">N.J. Stat. § 45:14-41 (2006).</a></p>					(-) Patient's name required on prescription label. <a href="#">N.J. Stat. Ann. § 24:21-17.</a>	<p>~ EPT is possible.</p> <p>The state department of health is granted broad authority to dispense drugs for the treatment and prevention of STDs. Although a physician may only prescribe medications for a specific patient, EPT may be possible pursuant to population-based interventions under the direction of the health department.</p>
New Mexico	(-) Unprofessional or dishonorable conduct includes "prescribing drugs or medical supplies to a patient when there is no established physician-patient relationship, which would include at a minimum an adequate history and physical examination and informed consent,		(+) On May 11, 2006, the New Mexico Medical Society adopted a Resolution that supported the implementation of expedited partner therapy; and specifically, "the option of expedited partner treatment for sexually transmitted diseases consistent with the most current version of Centers for Disease Control and Prevention guidelines, "Expedited Partner Therapy in			(-) Prescription must bear name and address of patient. N.M. Stat. Ann. § 61-6-7.1 <a href="#">(Repealed, effective July 1, 2010).</a>	<p>~ EPT is possible.</p> <p>Statutory authority precludes prescribing drugs absent a physician-patient relationship. However, the state medical society, however, explicitly recognizes EPT as an effective and appropriate measure</p>



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	except for on-call physicians and physician assistants." <a href="#">NMAC 16.10.8.8[L]</a>		the Management of Sexually Transmitted Diseases, Review and Guidance," when conducted in accordance with protocols developed by the New Mexico Department of Health. The New Mexico Medical Society would support such changes in the Medical Practice Act and/or rules and regulations that - while preserving the general principle of requiring a doctor-patient relationship prior to treatment - would provide an exception in the specific context of expedited partner treatment to give physicians and physician assistants the option of using CDC-defined expedited partner treatment for sexually transmitted diseases without fear of being in violation of the Medical Practice Act." <a href="#">[Link to Medical Board Resolution]</a>				for the treatment of STDs, adopting a resolution supporting its implementation.
New York		(-) Judicial decisions suggest that providing prescription without prior examination is physician	On June 17, 2006, the New York State Academy of Family Physicians (NYSAFP) adopted a resolution concerning patient-delivered partner therapy. It recommended "that the NYSAFP work with the NYS Chapter of ACOG and other is	<a href="#">All441</a> authorizes a health care practitioner to diagnose and prescribe drugs for sexually transmitted	(+) Any persons diagnosed as having gonorrhea, or those who have been exposed to gonorrhea, shall be treated with	(-) Prescription must bear the patient's name, address, and age. N.Y. Comp. Codes R. & Regs. tit. 8, § 29.2.	<b>~ EPT is possible.</b>  Case law suggests that physicians must conduct a physical exam prior to prescribing medications.

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		misconduct. Carloni v. De Buono 245 A.D.2d 970, 972 (N.Y.App. Div. 1997); Balmir v. De Buono 237 A.D.2d 648, 649 (N.Y. App. Div.1997).	to promote legislative or regulatory action which would legitimize patient-directed partner therapy and allow it to be adopted more widely.” <a href="#">[Link to NYSAFP document]</a>	Chlamydia trachomatis infection and to provide antibiotic drugs to such patient's partner. The bill was referred to the Rules Committee on June 23, 2006.	appropriate medication in accordance with accepted medical procedures as described in the most recent treatment schedule distributed by the NYS Dep't of Health. Any person diagnosed as having chlamydia shall be treated by means of a written prescription issued in accordance with accepted medical procedure as described in the STD clinic guidelines distributed by the <a href="#">Dep't. N.Y. Comp. Codes R. &amp; Regs. tit. 10, § 23.2.</a>		However, the 2006 introduction of a bill that supports EPT for the treatment of Chlamydia and current state regulations that allow EPT if it is contained in state guidelines for the treatment of STDs, suggest that EPT is possible.
North Carolina			(-) It is the position of the North Carolina Medical Board that prescribing drugs to an individual the prescriber has		(+) Regulations incorporate: APHA's CCD Manual (as	(-) Prescription label must bear patient name. <a href="#">N.C. Gen. Stat. § 106-134.1.</a>	<b>~ EPT is possible.</b>  Although the medical board

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			<p>not personally examined, or has never met based solely on answers to a set of questions, as is common in Internet or toll-free telephone prescribing, is inappropriate and unprofessional.”  <a href="#">[Link to Medical Board Opinion]</a></p> <p>(-) “It is up to the Pharmacist to determine the legitimacy of each prescription, which arrives in the Pharmacy. One important consideration is the Board’s Rule on prescription orders, <a href="#">21 NCAC 46.1801(b)</a>. . . . The Rule specifically provides that a Pharmacist shall not fill or refill a prescription if the order was produced from a prescriber without a prior prescriber-patient relationship or without a physical examination.”  <a href="#">[Link to Board of Pharmacy Opinion]</a></p>		<p>revised); any guidelines or recommendations published by CDC (as revised) shall supersede those contained in the CCD Manual. <a href="#">10A N.C. Admin. Code 41A.0201</a>.</p> <p>(+) For gonorrhea and Chlamydia, regulations incorporate recommendations contained in the U.S. Public Health Service STD Treatment Guidelines (as revised). <a href="#">10A N.C. Admin. Code 41A.0204</a>.</p>		<p>recommends that physicians conduct a physical exam prior to prescribing drugs, the incorporation of CDC STD Treatment Guidelines suggests that EPT may be possible.</p>
North Dakota		(-) Court upheld revocation of physician’s license for prescribing	(-) In an opinion focused on durable powers of attorney, the N.D. Attorney General stated that “North Dakota has many laws which limit a person’s access to desired			(-) Prescription label must bear patient’s name unless physician indicates otherwise. <a href="#">N.D. Cent. Code § 19-02.1-14.1</a> .	<p>✗ <b>EPT is likely prohibited.</b></p> <p>The revocation of a physician’s license for failure to conduct</p>

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		over Internet without prior examination or physician-patient relationship. <a href="#">Jones v. ND State Bd. of Medical Examiners</a> , 691 N.W.2d 251 (N.D. 2005).	medical treatment. Certain drugs or medicines are not available without an authorized practitioner's prescription. <a href="#">N.D.C.C. § 19-02.1-15(1)</a> ." <i>Id.</i> at *8. 1997 Op. Att'y Gen. N.D. L-141.				a physical exam prior to prescribing medications, coupled with the absence of any exception via regulation or incorporation by reference, suggests that EPT is likely prohibited.
Ohio	(-) Physician assistant may not provide treatment for new patients or new conditions in established patients without prior physician evaluation. <a href="#">Ohio Rev. Code Ann. § 4730.21</a> .	(-) Physician failed to use reasonable care when she prescribed excessive and extra doses of antibiotic to patient who insisted on giving extra dosage to husband. <i>Reed v. State Med. Bd. Ohio</i> , 833 N.E.2d 814 (Ohio Ct. App. 2005).  (-) Physician misconduct for				(-) Prescription label must bear patient's name. Ohio Rev. Code Ann. § 3715.64; <i>see also</i> <a href="#">Ohio Admin. Code § 4729-5-30(B)(4)</a> .  (-) An order purporting to be a prescription issued not in the usual course of bona fide treatment of a patient is not a prescription and the person knowingly dispensing such a purported prescription, as well as the person issuing it, shall be subject to the penalties of law. <a href="#">Ohio Admin. Code § 4729-5-30(A)</a> .	<b>✗ EPT is likely prohibited.</b>  Statutory authority, case law, and administrative regulations require a physician to conduct a physical exam prior to prescribing any drugs. The physician and the dispensing pharmacist would be subject to penalties if they knowingly allow a third-party who was not the physician's patient to procure a prescription drug.

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		failing to evaluate new patients before prescription given, instead delegating to physician assistant. Royder v. State Med. Bd. Ohio, 2002 WL 31867888 (unreported case).					
Oklahoma	<p>(-) Physicians prohibited from prescribing to a patient without sufficient examination or establishing physician/patient relationship. <a href="#">Okla. Stat. tit. 59 §§ 509(12), 637.</a></p> <p>(-) It is unlawful for any person not a physician to treat anyone for an STD, unless that person is under direct control of a physician. <a href="#">Id. at § 1-521.</a></p>	<p>(-) Physician misconduct found when physician prescribed to patients without establishing physician-patient relationship or prior examination. State v. Litchfield, 103 P.3d 111 (Okla. Civ. App. 2004). State v. Ray, 848 P.2d 46 (Okla. Civ.</p>	<p>(-) The Oklahoma State Board of Medical Licensure and Supervision determined that "Unprofessional conduct includes "prescribing or administering a drug or treatment without sufficient examination and the establishment of a valid physician/ patient relationship" pursuant to Title 59 O.S. 509-12. Also, a "sufficient examination" and "establishment of a valid physician/patient relationship" can NOT take place without an initial face to face encounter with the patient. In other words, it requires at a minimum: . . . 2. Establishing a diagnosis</p>			<p>(-) Prescription label must bear name of patient. <a href="#">Okla. Stat. tit. 59 §§ 353.13A, 355.1.</a></p> <p>(-) If the name of patient is stated in the prescription, the label must bear the patient's name. <a href="#">Okla. Stat. tit. 63, § 1-1409.</a></p> <p>(-) "The pharmacy or pharmacist shall not dispense a prescription drug if the pharmacist knows or should have known that the prescription was issued solely on the basis of an internet-based questionnaire, an internet-based consultation, or a telephonic consultation</p>	<p><b>✗ EPT is likely prohibited.</b></p> <p>Statutory authority, case law, medical board opinions, and administrative regulations require a physician to conduct a physical exam prior to prescribing any drugs. The physician and the dispensing pharmacist would be subject to penalties if they knowingly allow a third-party who was not the physician's patient to procure a</p>

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		App. 1992).	through the use of accepted medical practices such as a patient history, mental status exam, physical examination and appropriate diagnostic and laboratory testing by the prescribing physician; 3. Discussing with the patient, the diagnosis and the evidence for it, the risks and benefits of various treatment options; and 4. Insuring availability of the physician or coverage for the patient for appropriate follow-up care.” <a href="#">[Link to Medical Board Policy Position]</a>			without a valid preexisting patient-practitioner relationship.” <a href="#">OAC tit 535 § 15-3-13(d)</a>	prescription drug.
<b>Oregon</b>	(-) Prescription drugs dispensed by a physician shall be personally dispensed by the physician. <a href="#">O.R.S. 677.089</a> ; see also <a href="#">O.A.R. 333-076-0145(4)</a> .					(-) Dispensing physicians shall label prescription drugs with the name of the patient. <a href="#">O.R.S. 677.089 (3)(a)</a> ; <a href="#">O.R.S. 689.505 (5)(d)</a> .	<b>~ EPT is possible.</b>  Statutory language does not require that a prescription be provided subject to a physical examination or pursuant to a physician patient relationship.
<b>Pennsylvania</b>	(+) A prescription means a written or oral order issued by a duly licensed medical practitioner in the course of his professional practice ...which is dispensed					(+) Pharmacist dispensing means “preparation of a prescription or non-prescription drug...for subsequent administration to or use by a patient or other individual entitled to receive the drug.” 63 Penn. Code	<b>✓ EPT is permissible.</b>  Statutory language does not preclude a third-party partner from being a “consumer” or an

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	for use by a consumer." 63 Penn. Code Ann. § 390-2(8); <i>see also</i> <a href="#">tit. 49 Pa. Code, Chapt 27.1</a>					Ann. § 390-2(2.1).  (-) Prescriptions on file shall show the name and address of the patient. <a href="#">Tit. 49 Pa. Code Chapt. 27.18(b)(1)</a> .	"individual entitled to receive the drug."
Puerto Rico	(+) "A prescription means a written order [– by or on behalf of] – a person in the legal exercise of medicine." <a href="#">20 L.P.R.A. § 382 (Ley Num. 282 del 15 de mayo del 1945, Sec. 3)</a> . Under the most likely interpretation of the existing version in Spanish, the meaning of the term "person" signifies a class of persons who are the recipients of the drugs.  (-) "A Tribunal can revoke the license of a physician that employs or delegates the authority to unauthorized persons to perform acts that can only be legally executed by authorized persons in the practice of		(-) The practice of telemedicine is governed by a regulation that speaks to the authority of physicians to treat individuals that they do not physically examine. <a href="#">Exposicion de motivos, P. del S. 612 Ley 227, 1998.</a>  (-) "The doctor should obtain verbal and written informed consent for the patient prior to the provision of services." <a href="#">Article 8 P. del S. 612 Ley 227, 1998.</a>				<b>~ EPT is possible.</b>  The need to obtain verbal and written informed consent suggests that a physician does not need to perform a physical exam prior to issuing a prescription. Statutory ambiguities suggest that the recipient of a prescription may include a patient's partner. At the same time, statutory authority prohibits the delegation of tasks reserved to individuals licensed to practice medicine.

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	medicine.” <a href="#">20 L.P.R.A. § 52 (Ley Num. 22 del abril de 1931) Art. 17(e)(9).</a>						
Rhode Island						<p>(-) Prescription order must bear patient's name and address. <a href="#">R.I. Gen. Laws § 21-31-2.</a></p> <p>(-) Prescription label must bear patient's name, <a href="#">R.I. Gen. Laws § 21-31-15.</a></p>	<p>~ EPT is possible.</p> <p>The absence of statutory authority, case law, medical board opinion(s), and administrative regulations suggest that EPT may be possible subject to any policy or data that may suggest otherwise.</p>
South Carolina	(-) “It is unprofessional conduct for a physician to prescribe drugs to an individual without establishing a proper physician-patient relationship. A proper relationship, at a minimum, requires that the physician make an informed medical judgment based on the circumstances of the situation and on his/her training and experience. This will	(-) Revocation of physician's license upheld based on Board's finding (among other charges) that physician wrote prescriptions outside of physician-patient relationship. <i>Gale v. State Bd. of Med. Examiners,</i>			(+) Regulations incorporated by reference include but are not limited to: (1) APHA's CCD Manual, most current edition; (2) AAP's "Red Book," most current edition; and (3) when necessary, the health department shall adopt other accepted national public health	<p>(-) Prescription drug order requires full name and address of patient. <a href="#">S.C. Code Ann. § 40-43-86.</a> However, prescription label need not bear patient's name unless the prescription order does so. <a href="#">S.C. Code Ann. § 39-23-50.</a></p> <p>(-) Pharmacists may compound medications for an individual patient based on the “existence of a pharmacist/patient/practitioner relationship and the presentation of a valid prescription....” <a href="#">S.C. Code of Laws tit. 40 §</a></p>	<p>✗ EPT is likely prohibited.</p> <p>Statutory authority, case law, and administrative regulations require a physician to conduct a physical exam prior to prescribing any drugs. The physician and the dispensing pharmacist may not knowingly allow a third-party who was not the physician's patient to procure a</p>



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	<p>require that the physician: (1) Personally perform an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan. . . ; (2) Discuss with the patient the diagnosis and the evidence for it, and the risks and benefits of various treatment options; and (3) Insure the availability of the physician or coverage for the patient for appropriate follow-up care.</p> <p>C. Prescribing drugs to individuals the physician has never met based solely on answers to a set of questions, as is common in Internet or telephone prescribing, is inappropriate and unprofessional.”</p> <p><a href="#">S.C. Admin. Reg. Chapt. 81, Art. 1 § 81-28</a></p>	320 S.E.2d 25 (S.C. Ct. App. 1984).			<p>recommendations such as CDC guidelines, or make other policies as needed.</p> <p><a href="#">S.C. Code Ann. Regs. 61-20</a></p>	<a href="#">40-43-86(CC)(2)(b)</a>	<p>prescription drug. There is no express indication that the CDC STD Treatment Guidelines are incorporated by reference, although the incorporation by reference of the APHA's CCD Guidelines and other "accepted national public health recommendations such as CDC guidelines" provides an opening to reconsider this initial assessment.</p>
South Dakota					(+) The	(-) "Legend drug to be	~ EPT is possible.

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					"methods of control" or "control measures" section of one of the following guidelines are incorporated by reference: (1) APHA's CCD Manual, 18th edition, 2004; or (2) AAP's "Red Book", 26th edition, 2003. <a href="#">S.D. Admin. R. 44:20:03:01.</a>	dispensed by prescription only -- Refill restricted. A pharmacist may only dispense a legend drug or medicine pursuant to the written or oral prescription of a practitioner licensed to prescribe drugs and medicines." <a href="#">S.D. Admin Reg. 20:51:05:20</a>	There is no statutory authority, case law or medical board opinion that precludes EPT. Rather, the state has incorporated by reference guidelines that may allow EPT for the treatment of specific conditions (although these guidelines do not expressly include CDC's STD Treatment Guidelines).
Tennessee	<p>(+) EPT by physicians authorized for chlamydia only. <a href="#">Tenn. Comp. R. &amp; Regs. 1050-2-.13(9)(d), 0880-2-.14</a></p> <p>(-) Nurses practicing at primary health centers shall not issue drugs for treatment of STDs without prior examination by physician. <a href="#">Tenn. Code Ann. § 63-7-124</a> (for all other STDs).</p>		(+) For the treatment of Chlamydia trachomatis, physicians may provide "an effective and safe treatment to the partners of patients infected with Ct who for various reasons may not otherwise receive appropriate treatment." As such, physicians may "provide to the treated patient non-named signed prescriptions, or dispense to the patient, the appropriate quantity and strength of azithromycin sufficient to provide curative treatment for the total number				<p>✓ EPT is permissible.</p> <p>Statutory authority allows EPT for the treatment of Chlamydia and is supported by medical board rules recognizing the need to treat the sexual partners of patients.</p>

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			of unnamed 'partners' as defined in subparagraph (b) and indicated by the patient." <a href="#">Rule 0880-2.14(9)(a)-(d) of the Tenn. State Board of Medical Examiners</a>				
Texas			(-) It is unprofessional conduct [pursuant to <a href="#">Tex. Occ. Code § 164.053</a> ] for a physician to initially prescribe any dangerous drugs or controlled substances without first establishing a proper physician-patient relationship. A proper relationship, at a minimum, requires:...(2) establishing a diagnosis through the use of accepted medical practices such as a patient history, mental status exam, physical examination and appropriate diagnostic and laboratory testing...." <a href="#">[Link to Medical Board Opinion]</a>			(-) Prescription must bear patient's name and address. <a href="#">Tex. Occ. Code Ann. § 157.056, 563.052</a> ; see also <a href="#">§ 164.054 (2)</a>  (-) "A pharmacist may not dispense a prescription drug if the pharmacist knows or should have known that the prescription was issued...without a valid patient-practitioner relationship." <a href="#">Tex. Occ. Code Ann. § 291.104 (b)(1)(e)</a>	<b>~ EPT is possible.</b>  While the medical board conditions the issuance of prescriptions on a "proper physician-patient relationship, its analyses may be limited in two ways: (1) it applies only to "dangerous drugs" or "controlled substances," (which does not likely include typical antibiotics used to treat diseases recommended for EPT; and (2) the statute cited requires that prescriptions should be given in a manner "consistent with public health." This statutory provision suggests that EPT may be possible if consistent

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							with protecting the public's health. However, no national STD or communicable disease standards are incorporated by reference in the state via statute or regulation.
Utah	(+) Health Department may authorize physician to write standing order prescriptions without patient name or date for treatment of STDs to be filled out and delivered to patient by nurse. <a href="#">Utah Code Ann. § 58-17b-620.</a>		(+) Dentist may prescribe fluoride to schoolchildren without prior examination if he has sufficient contact to ascertain general amount of fluoride in drinking water. Furthermore, "[i]t is not necessary for the existence of a practitioner-patient relationship that the patient has previously undergone treatment by the practitioner nor that the patient has a continuing relationship with the practitioner." Utah Op. Att'y Gen. No. 77-017 (1977).		(+) Regulations incorporate by reference: APHA's CCD Manual. 17th ed., 2000; AAP Red Book, 26 <sup>th</sup> Ed. 2003. <a href="#">Utah Admin. Code r. 386-702.</a>	(-) Prescription order must include patient's name and address. Prescription label must bear patient's name. <a href="#">Utah Code Ann. § 58-17b-602.</a>  (+) A health department may implement the prescription procedure under Subsection (3) for prescription drugs, other than controlled substances, for use in clinics providing: (a) sexually transmitted disease treatment; (b) fluoride treatment; or (c) travel immunization. [Subsection 3 provides that] the following prescription procedure shall be carried out...: (a) a physician writes and signs a prescription for prescription drugs, other than controlled substances, without the name and address of the	<b>✓ EPT is permissible.</b>  Statutory authority expressly allows for anonymous STD treatment. An attorney general opinion allows for third-party prescriptions without prior physical examination. EPT, however is only allowed for the treatment of STDs and cases recognized by official opinions. Outside these cases, it is unlawful for a pharmacist to dispense drugs for anyone who does not have a prescription.

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						<p>patient and without the date the prescription is provided to the patient; and (b) the physician authorizes a registered nurse...to complete the prescription written ... by inserting the patient's name and address, and the date the prescription is provided to the patient, in accordance with the physician's standing written orders and a written health department protocol approved by the physician and the medical director of the state Department of Health.  <a href="#">Utah Code Ann. § 58-17b-620(2)-(4)</a></p> <p>(-) It is considered unlawful conduct for a pharmacist to dispense a prescription drug "to anyone who does not have a prescription from a practitioner...."  <a href="#">Utah Code Ann. § 58-17b-501(10)</a></p>	
Vermont	(-) All suspected cases of an infectious venereal disease must be examined by a physician licensed to practice within the state. <a href="#">Vt. Stat. Ann. tit. 18, § 1093.</a>					(-) Prescription order and label must bear the full name and address of patient. <a href="#">Vt. Stat. Ann. tit. 18, §§ 4201, 4212.</a>	<p>✗ EPT is likely prohibited.</p> <p>Statutory authority requires an examination prior to treatment of an infectious venereal</p>

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							disease. There is no case law, medical opinion, regulation, or incorporation by reference provision to suggest EPT is allowed.
Virginia			(-) "Women's Health Nurse Practitioners who treat male [partners] for STDs must have authorization for and have received specific training in such practice, as documented in the written protocol between the nurse practitioner and the supervising physician. In addition, any prescription written for STDs shall be issued for a medicinal therapeutic purpose to a person with whom the practitioner has a bona fide practitioner-patient relationship...." <a href="#">[Link to Boards of Nursing and Medicine Guidance Document]</a>		(+) Regulations incorporate: APHA's CCD Manual, 27 <sup>th</sup> edition, 2000, "Methods of Control" section, except to the extent that the recommendations therein are outdated, inappropriate, inadequate, or otherwise inapplicable. The health board and commissioner reserve the right to use any legal means to control any disease which is a threat to the public health. <a href="#">12 Va. Admin. Code § 5-90-100</a>	(-) The prescription shall contain the patient's name and address. <a href="#">Va. Code Ann. § 54.1-3408.01(A)</a>	<b>~ EPT is possible</b>  The Board of Nursing and Medicine opinion requires a "bona fide practitioner-patient relationship," although this term is only defined in statutes relating to the regulation of controlled substances under <a href="#">Va. Code Ann. § 54.1-3303(A)</a> . Absent an express statutory preclusion, the health board and commissioner may exercise their authority to proffer EPT as a potential measure to treat diseases (like STDs) that pose a threat to the public's health.
Washington	(-) State and local		(+) The Medical Commission		(+) Regulations	(+) When practitioner	✓ EPT is

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	health officers and their authorized representatives may issue written orders for treatment only after laboratory test results or direct observation of clinical signs or assessment of clinical data by a physician confirm the individual has, or is likely to have, a STD. <a href="#">Wash. Admin. Code § 246-100-203.</a>		<p>"recognizes that it is a common practice for health care practitioners to provide antibiotics for the partner(s) without prior examination. While not ideal in terms of diagnosis and control of Chlamydia and gonorrhea, the Medical Commission recognizes that this is often the only reasonable way to access and treat the partner(s) and impact the personal and public health risks of chlamydial and gonorrheal infections." MD2003-04 <a href="#">[Link to Commission opinion]</a></p> <p>(+) The Washington State Medical Ass'n House of Delegates passed a Resolution concerning patient-delivered partner therapy for curable STDs and recommended that "the provider should inform the patient that it would be best to have all partners exposed during the previous 60 days come into a clinic for examination, testing and treatment. However, if treatment is not otherwise assured, the patient should be provided antibiotics for their partners."</p>		<p>authorize local health officers to incorporate by reference: APHA's CCD Manual, 17th edition, 2000, or other measures s/he deems necessary based on his or her professional judgment, current standards of practice and the best available medical and scientific information. <a href="#">Wash. Admin. Code 246-100-036.</a></p> <p>(+) Patients diagnosed with reportable STDs are monitored for quality of services using CDC Treatment Guidelines as the "standard of care." <a href="#">[Link to Dept of Health]</a></p>	<p>dispenses drugs, prescription label must bear patient's name, although name and dosage of drug may be removed if physician determines necessary. <a href="#">Wash. Rev. Code § 69.41.050.</a></p> <p>(-) A health care entity may only administer, dispense, or deliver legend drugs and controlled substances to patients who receive care within the health care entity and in compliance with rules of the board. Nothing in this subsection shall prohibit a practitioner, in carrying out his or her licensed responsibilities within a health care entity, from dispensing or delivering to a patient of the health care entity drugs for that patient's personal use in an amount not to exceed seventy-two hours of usage. <a href="#">Rev. Code Wash. (ARCW) § 18.64.450(4)</a></p>	<p><b>permissible.</b></p> <p>Statutory laws do not require a physician-patient relationship that would otherwise preclude EPT. The opinions of the Medical Commission and Medical Ass'n House of Delegates clearly favor the use of EPT, which is further supported by local health officers' authority to incorporate standards of practice (e.g., CDC STD Treatment Guidelines) that may allow EPT for the treatment of particular diseases.</p>

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West Virginia	(-) W.Va. regulation defines as unprofessional conduct: "A practice of providing treatment recommendations relating to issuing prescriptions, via electronic or other means, for persons without establishing an on-going physician-patient relationship wherein the physician has obtained information adequate to support the prescription." <a href="#">11 CSR Reg. 1A-12.2(k)</a> .					(-) Labels for legend drugs dispensed by a physician must contain patient's name. <a href="#">W. Va. Code R. § 11-5-8.3(b)</a> .  (-) Pharmacists are prohibited from dispensing prescription orders when s/he has knowledge that the prescription was issued without a physician-patient relationship. <a href="#">W. Va. Code § 30-5-3</a> .  (-) Pharmacists, druggists, and any other non-physician are prohibited from dispensing, selling, distributing, or prescribing medication for the treatment of STDs without a written prescription or order from a licensed physician and the order is written for the person for whom the prescription is intended. <a href="#">W. Va. Code § 16-4-24</a>	<b>✗ EPT is likely prohibited.</b>  Statutory authority requires a physician patient relationship prior to prescribing medications. Pharmacists are also precluded from dispensing drugs where the intended recipient is not the patient identified on the prescription.
Wisconsin				(+) Bill introduced (not passed) to authorize EPT for chlamydia or gonorrhea if patient states that partner is	(+) Regulations incorporated by reference include DHHS' STD Treatment Guidelines, 1998. Specific medical treatment shall be	(-) Prescription order must bear name and address of the patient; label must bear patient's name. <a href="#">Wis. Stat. § 450.11</a> .	<b>~ EPT is possible.</b>  Statutory authority does not preclude EPT. The 2004 bill authorizing EPT and regulations that incorporate CDC's



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				not allergic to antibiotic. No more than two partners per patient per year may receive the prescription; patient responsible for payment. Assem. B. 995, 96th Sess. (Wi. 2004).	prescribed by a physician or advanced practice nurse prescriber. <a href="#">Wis. Admin. Code [HFS]§ 145.22.</a>		STD Treatment Guidelines suggest that EPT is possible.
Wyoming	(+) Physician, health officer, or other person or facility providing health care may administer treatment to any person reasonably suspected of being infected or exposed to an STD. <a href="#">Wy. Stat. § 35-4-131.</a>						<p>✓ EPT is permissible.</p> <p>Statutory authority expressly allows for the treatment of "any person" suspected of being infected or exposed to an STD. Treatment does not require a physician patient relationship or a physical exam prior to prescribing a medication.</p>

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SUMMARY TOTALS							<p>(✓) EPT is permissible in 10 states.</p> <p>(~) EPT is possible in 29 states.</p> <p>(✖) EPT is likely prohibited in 13 states.</p>